

<b>SCC eFile</b>	<b>2016 ANNUAL REPORT</b> <b>COMMONWEALTH OF VIRGINIA</b> <b>STATE CORPORATION COMMISSION</b>	216510370				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME:  <b>UNION LAND &amp; MANAGEMENT COMPANY</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:  <b>DAVID A LAWRENCE</b>  <b>ODIN FELDMAN &amp; PITTLEMAN PC</b>  <b>1775 WIEHLE AVENUE STE 400</b>   <b>RESTON, VA</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  <b>FAIRFAX COUNTY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION:  <b>VA</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>5/31/2016</b></p> <p>SCC ID NO: <b>06173462</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>20,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	20,000
CLASS	AUTHORIZED					
COMMON	20,000					
6.) PRINCIPAL OFFICE ADDRESS:  <div style="text-align: center;">             ADDRESS: 481 CARLISLE DR               CITY/ST/ZIP: HERNDON, VA 20170           </div>						
7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;">           NAME: DANIEL R BAKER            TITLE: PRESIDENT            ADDRESS: 481 CARLISLE DR            CITY/ST/ZIP/CO: HERNDON, VA 20170         </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;">           OFFICER      <input checked="" type="checkbox"/> DIRECTOR         </td> </tr> </table>			NAME: DANIEL R BAKER TITLE: PRESIDENT ADDRESS: 481 CARLISLE DR CITY/ST/ZIP/CO: HERNDON, VA 20170	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: DANIEL R BAKER TITLE: PRESIDENT ADDRESS: 481 CARLISLE DR CITY/ST/ZIP/CO: HERNDON, VA 20170	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;">           NAME: ELIZABETH ROBERTS            TITLE: VICE PRESIDENT            ADDRESS: 254 NORWOOD AVE            CITY/ST/ZIP/CO: CRANSTON, RI 02905         </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;">           OFFICER      <input checked="" type="checkbox"/> DIRECTOR         </td> </tr> </table>			NAME: ELIZABETH ROBERTS TITLE: VICE PRESIDENT ADDRESS: 254 NORWOOD AVE CITY/ST/ZIP/CO: CRANSTON, RI 02905	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: ELIZABETH ROBERTS TITLE: VICE PRESIDENT ADDRESS: 254 NORWOOD AVE CITY/ST/ZIP/CO: CRANSTON, RI 02905	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;">           NAME: RANDALL A KERR            TITLE: VICE PRESIDENT            ADDRESS: 2524 LEEDS ROAD            CITY/ST/ZIP/CO: OAKTON, VA 22124         </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;">           OFFICER      <input type="checkbox"/> DIRECTOR         </td> </tr> </table>			NAME: RANDALL A KERR TITLE: VICE PRESIDENT ADDRESS: 2524 LEEDS ROAD CITY/ST/ZIP/CO: OAKTON, VA 22124	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR	
NAME: RANDALL A KERR TITLE: VICE PRESIDENT ADDRESS: 2524 LEEDS ROAD CITY/ST/ZIP/CO: OAKTON, VA 22124	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;">           NAME: CHRISTOPHER HOWLETT            TITLE: TREASURER            ADDRESS: 11465 DUTCHMANS CREEK ROAD            CITY/ST/ZIP/CO: LOVETTSVILLE, VA 20180         </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;">           OFFICER      <input checked="" type="checkbox"/> DIRECTOR         </td> </tr> </table>			NAME: CHRISTOPHER HOWLETT TITLE: TREASURER ADDRESS: 11465 DUTCHMANS CREEK ROAD CITY/ST/ZIP/CO: LOVETTSVILLE, VA 20180	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: CHRISTOPHER HOWLETT TITLE: TREASURER ADDRESS: 11465 DUTCHMANS CREEK ROAD CITY/ST/ZIP/CO: LOVETTSVILLE, VA 20180	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;">           NAME: JENNIFER HOWLETT            TITLE: SECRETARY            ADDRESS: 413 HEMLOCK LANE            CITY/ST/ZIP/CO: WILLIAMSTOWN, MA 01267         </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;">           OFFICER      <input checked="" type="checkbox"/> DIRECTOR         </td> </tr> </table>			NAME: JENNIFER HOWLETT TITLE: SECRETARY ADDRESS: 413 HEMLOCK LANE CITY/ST/ZIP/CO: WILLIAMSTOWN, MA 01267	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: JENNIFER HOWLETT TITLE: SECRETARY ADDRESS: 413 HEMLOCK LANE CITY/ST/ZIP/CO: WILLIAMSTOWN, MA 01267	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;">           NAME: PHILIP NICKLES            TITLE: ASST SECRETARY            ADDRESS: 825 CREWS ROAD            CITY/ST/ZIP/CO: GREAT FALLS, VA 22066         </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;">           OFFICER      <input type="checkbox"/> DIRECTOR         </td> </tr> </table>			NAME: PHILIP NICKLES TITLE: ASST SECRETARY ADDRESS: 825 CREWS ROAD CITY/ST/ZIP/CO: GREAT FALLS, VA 22066	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR	
NAME: PHILIP NICKLES TITLE: ASST SECRETARY ADDRESS: 825 CREWS ROAD CITY/ST/ZIP/CO: GREAT FALLS, VA 22066	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR				

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANNE HOUSER DIRECTOR P.O. BOX 242 MANCHESTER VILLAGE, VT 05254	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LOUISE HOWLETT DIRECTOR 350 NOXONTOWN ROAD MIDDLETOWN, DE 19709	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM HOWLETT DIRECTOR 11465 DUTCHMANS CREEK RD LOVETTSVILLE, VA 20180	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID LAWRENCE DIRECTOR 1775 WIEHLE AVE SUITE 400 RESTON, VA 20190	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HOPE PINKERTON DIRECTOR 7005 MAPLE AVE CHEVY CHASE, MD 20815	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	EVELYN RICKLEY DIRECTOR 82 CURRIER RD CONCORD, NH 03301	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ DANIEL R BAKER		3/22/2016	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		DATE	
DANIEL R BAKER, PRESIDENT		PRINTED NAME AND CORPORATE TITLE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			